

<b>Case Number:</b>	CM14-0184258		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 53-year-old man with a date of injury of August 14, 2014. The mechanism of injury was not documented in the medical record. Pursuant to the most recent progress note dated September 9, 2014, the IW presented with low back pain traveling to the left lower extremity. He also had neck pain and spasm, left shoulder burning with decreased range of motion, and decreased sleep secondary to pain. Physical examination revealed decreased L5-S1 sensation, and decreased EHL and foot eversion strength at 4/5. Lumbar spine with decreased ROM, cervical spine with guarded ROM, and left shoulder positive for orthopedic signs. The IW was diagnosed with displacement lumbar disc without myelopathy, brachial neuritis/radiculitis NOS, rotator cuff syndrome shoulder, spasm of muscle, non-allopathic lesions cervical region, and non-allopathic lesions thoracic spine. Current medications were not documented. Treatment to date includes medications, and activity modification. The provider is recommending an interferential stimulator purchase, with electrodes, batteries, set-up and delivery.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Inferential stimulator with purchase, with electrodes, batteries set up and delivery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulator Unit Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section; H Wave Stimulator Unit

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Inferential stimulator unit (ICS) for purchase, electrodes, batteries and set up and delivery is not medically necessary. The guidelines state ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those treatments alone. The ODG states ICS is not generally recommended. The trials evaluated effectiveness of the back, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were negative for non-interpretable for recommendation due to poor study design and/or methodologic issues. The guidelines enumerate patient selection criteria (see guidelines). If those criteria are met, then a one month trial may be appropriate to permit the physician and physical therapist to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the injured worker is a 53-year-old man status post injury August 14, 2014. He presented with low back pain radiating to the left lower extremity, neck pain and spasm, left shoulder burning with decreased range of motion and decrease sleep secondary to pain. Current diagnosis include displacement lumbar disc without myelopathy, brachial neuritis/radiculitis, rotator cuff syndrome shoulder, spasm of muscle. ICS is not recommended as an isolated intervention. Additionally, ICS is indicated for a one month trial (not purchase). Consequently, ICS is not medically necessary. Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ICS ) for purchase, electrodes, batteries and set up and delivery is not medically necessary.